

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **89**
Registrar's No. **76**

1. Place of Death: (a) County Graham (b) City or Town Solomonville (c) Location 6 W. 6th (St. & No. (or) Name of Institution)
(If outside city limits write RURAL) In Arizona 36 yrs
(d) Length of Stay: In Hospital or Institution _____; In Community 6 W. 6th (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Solomonville
(If outside city limits write RURAL)
(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Leland B. Cluff (b) If veteran name was _____ (c) Social Security No. 550-03-409
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Wanda Lee Cluff 6. (c) Age of husband or wife, if alive 30 yrs.
7. Birthdate of deceased Dec 11 - 1903
(Month) (Day) (Year)
8. AGE: Years 36 Months 8 Days 4 If less than one day hrs. _____ min. _____
9. Birthplace Pima Ariz.
(City, town or county) (State or Country)

10. Usual Occupation Bar keeper
11. Industry or Business Liquor
Father { 12. Name Walter Alfred Cluff
13. Birthplace Provo, Utah
(City, town or county) (State or Country)
Mother { 14. Maiden Name Louise Johnson
15. Birthplace Springville Utah
(City, town or county) (State or Country)
16. (a) Informant's own signature Louise Cluff
(b) Address Pima Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima (c) Date Aug 17 1940
18. (a) Embalmer's Signature W. G. Rawson
(b) Funeral Director W. C. Rawson
(c) Address Safford Ariz
19. (a) September 9, 1940
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

5M 100% Reg 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 15, 1940;
TIME (Hour and minute) 6-30 A.M.

21. I hereby certify that I attended the deceased from 8/15-40
8/15-40 to 8/15/40, 19____;
that I last saw him alive on 8/15-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound of head

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____

Of autopsy no

DURATION

cut

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) suicide
(b) Date of occurrence Aug - 15 - 40
(c) Where did injury occur Solomonville, Graham, Ariz
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Public Liquor Business
(Specify type of place)

While at work? yes (e) Means of injury Revolver

23. Signature [Signature]
Address Safford Date signed 8/17/40